WBL0004.

PTO/SB/01 (04-05)

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Number

DECLARATION FOR UTILITY OR

Attorney Docket

	ESIGN		First Nar	med Inventor	Pet	er Ryser	et al.	
PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN						
		Applicati	on Number					
Declaration Submitted OR	Declaration Submitted 6		Filing Da	ite				
With Initial Filing	Filing	itted after Initial (surcharge FR 1.16 (e))	Art Unit					
	requir		Examine	r Name				
I hereby declare that:								
Each inventor's residence, m								
I believe the inventor(s) name which a patent is sought on the	ed below to be	the original and first	inventor(s	s) of the subject	t matter wh	nich is claime	ed and for	
	TO MITOINION ON	uucu.						
	LIQUID	DRUG DELIVER	RY MIC	ROPUMP				
	·							
the specification of which		(Title of the	Invention)					
is attached hereto							•	
OR								
V was filed on (MAN/DDAGAGA								
was filed on (MM/DD/YYYY) 10/15/2004 as United States Application Number or PCT International								
Application Number PCT/IB2004/003385 and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed amended by any amendment	ewed and unde	rstand the contents	of the abo	ve identified.sp	ecification	, including th	ne claims, as	
and any amortanism operations to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation is made as a second continuation of the prior application in the continuation is made as a second continuation of the prior application in the continuation is made as a second continuation of the prior application in the continuation of the prior application is made as a second continuation of the prior application is made as a second continuation of the prior application is made as a second continuation of the prior application is made as a second continuation of the prior application of the pr								
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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one								
before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YYY	Date	Priority			by Attached?	
03 024 653.2	EP	10/27/2003	''	Not Claim	ea	YES	NO NO	
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Additional foreign and	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
		is are listed on a su	ppiementa	al priority data s	sheet PTO	/SB/02B atta	ched hereto.	

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application Direct all The address OR Correspondence correspondence to: associated with 27268 address below Customer Number: Name Address City State ZIP Country Telephone Email I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Peter **RYSER** Inventor's Signature Date 3. 3. 206 2006 Residence: City State Country Citizenship Morges Switzerland СН Mailing Address Chemin de Joulens 8 City State Zip Country Morges CH-1110 Switzerland NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Sigrid STRAESSLER Inventor's Signature Date 22.2 2006

Country

Switzerland

Zip

CH-1113

Citizenship

CH

Country

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Switzerland

Residence: City

Mailing Address
Chemin d'Echavornaz

City

St-Saphorin-sur-Morges

St-Saphorin-sur-Morges

State

State

Additional inventors or a legal representative are being named on the 1

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DECLARATION	Supplemental Sheet						
					Pá	age 1	_ of <u>1</u>
Name of Additional Joint Inventor, if a	ny:	A pet	tition ha	s been filed for this	unsigne	d inventor	
Given Name (first and middle (if an	y))	Family Nam				-	
Josef		HILBER					
Inventor's Signature					22.0 Date	02_2006	
Allenwinden Residence: City	State		Switzerland CH Country Citizenship				
Dorfring 18c		<u> </u>			_ O.K.E	опотпр	
Mailing Address							
Allenwinden City	State			CH-6319 Zip		cerland	
Name of Additional Joint Inventor, if ar	ıy:	A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))	Family Name or Surname					
		The state of containe					
Inventor's Signature					Date		
Residence: City	State		Co	ountry	, , , , ,	Citizensi	nip
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Name of Additional Joint Inventor, if an	y:	A petition					
Given Name (first and middle (if any))		A petition has been filed for this unsigned inventor Family Name or Surname					
				Tulling Hallie of St	mame		
nventor's Signature					Date		·
Residence: City	State		Cou	untry		Citizensh	in
Mailing Address						JULEUNI	·
City	State	\ <u>-</u>	7:				

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	Application Number	property a valid civils control number.
POWER OF ATTORNEY	Filing Date	
and	First Named Inventor	Peter Ryser et al.
CORRESPONDENCE ADDRESS	Title	Liquid Drug Delivery Micropum
INDICATION FORM	Art Unit	
INDIOATION FORM	Examiner Name	

		Attorney Docket Number	WBL0004.			
I hereby appoint:						
X Practitioners at Customer Number:	27268					
OR			J .			
Practitioner(s) named below:						
Name			Registration Number			
						
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Trademark Office connected therewith.	e the application ident	tified above, and to transa	all business in the United States Patent and			
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l am the: X Applicant/Inventor.						
Assignee of record of the entire inter Statement under 37 CFR 3.73(b) is e	est. See 37 CFR 3.71 enclosed. (Form PTO/	'SB/96)				
		icant or Assignee of Rec	ord			
Name Peter RYSER						
Signature Bull						
Date 6.3.2806			Telephone 021 693 3858			
NOTE: Signatures of all the inventors or assignees of forms if more than one signature is required, see believes.	of record of the entire inte					
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Application Number	Senso municer.
Filing Date	
First Named Inventor	Det De
Title	Peter Ryser et al. Liquid Drug Delivery Micropu
Art Unit	product Drug Delivery Micropul
Examiner Name	
Attorney Docket Number	WBL0004.

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X Practitioners at Customer No	umber: 27268					
OR						
Practitioner(s) named below	:					
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as my/our attorney(s) or agent(s) to Trademark Office connected therew	prosecute the application ide	entified above, and to tran	sact all business i	n the United States Patent	t and	
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am the: X Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
<u> </u>	SIGNATURE of App	plicant or Assignee of R	Record			
Name Sigfrid STRAESSL	.ER		W			
Signature / /						
Date 27. 7. 2066 Telephone 021 693 5860						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
*Total of 3 forms	s are submitted.					

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Application Number	ormation unless it displays a valid OMB control number.
Filing Date	
First Named Inventor	Peter Ryser et al.
Title	Liquid Drug Delivery Micropun
Art Unit	
Examiner Name	
Attorney Docket Number	WBL0004.

	At	torney Docket Number	WBL0004.			
I hereby appoint:						
X Practitioners at Customer Number:	27268					
Practitioner(s) named below:						
Name Registration Number						
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as my/our attorney(s) or agent(s) to prosecu Trademark Office connected therewith.	te the application identifi	ed above, and to transact	all business in the Un	lited States Patent and		
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Please recognize or change the corresponde X The above-mentioned Customer No.		ve-identified application to) :			
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
		ant or Assignee of Reco				
Name Josef HILBER?			-			
Signature //						
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NOTE: Signatures of all the inventors or assignees of forms if more than one signature is required, see bel	of record of the entire interes			766 6103		
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